Application Number TRANSMITTAL

Filing Date



PTO/SB/21 (08-03)
Approved for use through 08/30/2003. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

ter the Paperwork Reduction	Act of 1995, no person	s are required to respond to a collect Application Number	on of information unle 09/866,953	ss it displa	vs a valid OMB control number.		
TRANSMITTAL FORM		Filing Date					
		First Named Inventor	Named Inventor				
		Addition		J. III			
(to be used for all correspondence	after initial filing)	Examiner Name	3632				
			Morrison, N.S.				
Total Number of Pages in This Sub	mission 41	Attorney Docket Number	RYJJ-1				
	ENC	LOSURES (Check all tha	t apply)				
Fee Transmittal Form	V	Drawing(s)	☐ to	Technolo	ance communication ogy Center (TC) nmunication to Board		
Fee Attached		Licensing-related Papers	of لـــا إ	Appeals:	and Interferences		
Amendment/Reply		Petition			ce, Brief, Reply Brief)		
After Final		Petition to Convert to a Provisional Application	Pr	oprietary	Information		
Affidavits/declaration		Power of Attorney, Revocation Change of Correspondence Add	ess St	atus Lette	er		
Extension of Time Reques		Terminal Disclaimer		her Enclo	osure(s) (please ow):		
Express Abandonment Re		Request for Refund		,	,		
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Response to Missing Parts	s/				SEP 3 0 200		
Incomplete Application					GROUP 36		
Response to Missi under 37 CFR 1.52	ng Parts 2 or 1,53				G1100P 30		
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irm David A. Lundy r ndividual name	CT LUNDY LLP		\sim				
signature		eryn	\sim				
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hereby certify that this correspon ufficient postage as first class mane date shown below.	dence is being facsi iil in an envelope ad	imile transmitted to the USPTO of Idressed to: Commissioner for Pa	r deposited with the stents, P.O. Box 14	e United S 50, Alexa	States Postal Service with ndria, VA 22313-1450 on		
yped or printed name Lisa W	. Mullendore						
. 0	.1 01 1	lladore		Date	09/12/2003		

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PERE TRANSMITTAL	Application Number 09/866,958 592				

2 2 2003 (5) for FY 2003		Filing Date		05/30/2	05/30/2001			
Effects 01/01/2003. Patent fees are subject to annual revision.		First Named Inventor		tor Ryan,	Ryan, John J. III			
	·	Examiner Name		Morris	Morrison, N.S.			
Cant claims small entity status. See 37 CFR 1.27		Art Unit		3632	· · · · · · · · · · · · · · · · · · ·			
TOTAL AMOUNT OF PAYMENT (\$) 55.00		Attorney Docket No.			o. RYJJ-1	RYJJ-1		
METHOD OF PAYMENT (check all that apply)				FEE	CALCULA	TION (continued)		
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Name The Director is authorized to: (check all that apply)	1053	3 130	1053	130	Non-English sp			
Charge fee(s) indicated below Credit any overpayments	1812	2,520	1812	2,520	For filing a requ	est for ex parte reexami	nation	
Charge any additional fee(s) during the pendency of this application	1804	920*	1804		Requesting pul Examiner actio	olication of SIR prior to		
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I. BASIC FILING FEE	1252	2 410	2252	205	Extension for	eply within second mont	h	
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1001 750 2001 375 Utility filing fee	1255	1,970	2255	985	Extension for a	eply within fifth month		
1002 330 2002 165 Design filing fee	1401	320	2401	160	Notice of Appe	al		
003 520 2003 260 Plant filing fee	1402	320	2402	160	Filing a brief in	support of an appeal		
1004 750 2004 375 Reissue filing fee	1403	280	2403	140	Request for or	al hearing		
1005 160 2005 80 Provisional filing fee		1,510				tute a public use proceed	ding	
SUBTOTAL (1) (\$) 0.00	1452		2452			ve - unavoidable		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1,300	2453			ve - unintentional		
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Multiple Dependent =	1807		1807			e under 37 CFR 1.17(q)		
Large Entity Small Entity	1806	180	1806			Information Disclosure S		
Fee Fee Fee Fee Description Code (\$)	8021	40	8021	40	Recording eac	h patent assignment per		
1202 18 2202 9 Claims in excess of 20	1809	750	2809			number of properties) ssion after final rejection		
1201 84 2201 42 Independent claims in excess of 3					(37 CFR 1.129	(a))	 	
1203 280 2203 446 Multiple dependent claim, if not paid 1204 84 2204 42 Reissue independent claims		750	2810		examined (37			
òver original patent	180		2801		•	ontinued Examination (F	RCE)	
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**or number previously paid, if greater, For Reissues, see above	*Red	fuced by	Basic F	iling Fe	ee Paid	SUBTOTAL (3) (\$)	55.00	
SUBMITTED BY	\mp					(Complete (if applicable))	
Name (Print/Type) David A. Lundy 1	FI	Registra	tion No.	22,	162	Telephone 260-422-		
Signature	/ '\$	(Attorney/	AGENU I	-	$\overline{}$	Date 09/12/20	0.3	

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